

Attachment D. Chain of Custody Form

Severn Trent Laboratories, Inc.
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CHAIN OF CUSTODY Request for Laboratory Services

SAS Lab No. _____

Turnaround Request (business days)

10	5	3	1,2
x			

Client: Tacoma Pierce County Health Department					Analyses Requested																			
Project: Arsenic Project					# of containers Arsenic and Lead: ICP-MS																			
Contact: Glenn Rollins																								
Phone No.: (253) 798-3503																								
Fax No.: (253) 798-6498																								
Email: grollins@tpchd.org																								
Lab #	Sample ID	Date	Time	Matrix																				
1					1																			
2					1																			
3					1																			
4					1																			
5					1																			
6					1																			
7					1																			
8					1																			
9					1																			
10					1																			
11					1																			
12					1																			
13					1																			
14					1																			
15					1																			
16					1																			
17					1																			
18					1																			
19					1																			
20					1																			
Printed Name		Signature																						
Relinquished By					Cooler: 4 degrees C																			
Received By																								
Relinquished By																								
Received By																								
Relinquished By																								
Received By																								

Back To

Client / Project Info

Samples Info

Analyses

Special Instructions

Print COC

Save

Clear

Sample Info

Clear All